

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

420-2016-03265

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Mandy Powrzasnas

Home Phone (Incl. Area Code)

Date of Birth

Street Address

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

Jones Utility and Contracting Co., Inc.

No. Employees, Members

+15

Phone No. (Incl. Area Code)

(205) 849-3515

Street Address

2509 Cone Dr.

City, State and ZIP Code

Birmingham, AL 35217

Name

No. Employees, Members

Phone No. (Incl. Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☐ RETALIATION☐ AGE☒ DISABILITY☐ GENETIC INFORMATION☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

Mar 3, 2016

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I became employed by the company in September of 2006. The company is owned by my father, Richard Jones. In 2015, I was diagnosed with a disability. My father was aware of this. Stress and anxiety makes my disability worse. My father knew this, too. In 2016, my father treated me abusively at work on a regular basis- yelling and cursing at me, falsely accusing me of workplace errors, threatening to fire me. The stress and anxiety of his abuse was making my disability worsen. I told my father several times that I could not take his abuse much longer. However, he would not stop. The physician who treats me for my disability told me that I did not need to work there any longer because the abuse I was getting was making my disability worse. On March 3, 2016, I resigned because I felt I had no alternative given the effect the abuse was having on my disability.

I believe that my employer (1) failed to provide a reasonable accommodation for my disability in not stopping the abuse I was experiencing, and (2) constructively terminated me because of my disability and/or my employer's failure to provide a reasonable accommodation for it. I am therefore making claims under the Americans with Disabilities Act, as amended.

RECEIVED

AUG 24 2016

E.E.O.C.
BIRMINGHAM DISTRICT

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Aug 24, 2016

Date

Charging Party Signature